## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 1 RK 10 10 13 19 (FOR USE WITH FORM PTO-875) APPLICANTIST **CLAIMS** AFTER AFTER **AS FILED** AFTER AFTER AS FILED. I"AMENDMENT 2 MAMENDMENT .l<sup>a</sup>amendment 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>65</u> <u>66</u> <u>68</u> 9.7 B TOTAL IND. TOTALINE TOTAL DEP TOTAL DEP CLAIMS CLADAS U.S. DEPARTMENT of COMMERCE

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